BESTAMMADIE OFFY

Application or Decket Number

( SE THM-1

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Ellective October 1, 2000												
	,	CLAIMS AS	(Column 1)				,	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			36				F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			36 minus 20=		- 16		,	(\$ <b>9</b> =		OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		2			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		OTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								MALL E	INTITY	OR	OTHER SMALL	
NOMENTAS:	,	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		ME	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	To al 2		Minus	**		=		<b>(\$ 9</b> =		OR	X\$18=	, D
	Independent		Minus	999		=		X40=		OR	X80=	* *
FIRST PRESENTATION OF MU			JLTIPLE DEF	ENDEN	CLAIM			135=		OR	+270=	
								TOTAL DIT. FEE	74,	OR	TOTAL ADDIT, FEE	
		(Column 1)			ımn 2)	(Column 3		on. FEE			- 5	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON I	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
SWE!	Independent	•	Minus	***	: CT_CL_611.5	=	4 [	X40=		OR	X80=	
Ш	FIRST PRESE	NTATION OF M	JLIIPLE DEI	FNDEN	H CLAIM	<u> </u>	1	+135=		OR	+270=	
			'		•		. <b>L</b>	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEI	
(Column 1) (Column 2) (Column 3)												
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=	Jſ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	┧┞	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDE	NT CLAIM		╛┝	.125		1		
•	If the entry in colu	mn 1 is less than t	the entry in col	umn 2, wr	rite "0" in c	olumn 3.		+135= TOTAL		OR	TOTA	L
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" (T tal r Independent) is the highest number found in the appropriate box in column 1.											